

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045401

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11832

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 5 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

c. CITY
OR
TOWN Webster Groves

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Lukes Hospital

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)

300 E. Swon

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
JESSIE NEWELL EDWARDS4. DATE
OF
DEATHMonth Day Year
11-29-1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/24/1899

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleswork

10b. KIND OF BUSINESS OR INDUSTRY

Westover Nurseries Ontario Canada

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

G.H. Gillespie

13b. MOTHER'S MAIDEN NAME

Kate Alexander

14. NAME OF HUSBAND OR WIFE

Bateman Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Peter G. Edwards 300 E. Swon

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of lung

INTERVAL BETWEEN
ONSET AND DEATH

6 months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b).

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 15, 1962, to Nov 29, 1963 and last saw her alive on Nov 29, 1963

Death occurred at 5:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

3546 Central St. Louis, Mo.

22c. DATE SIGNED

11/30/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Cremation

23b. DATE

11-30-1963

23c. NAME OF CEMETERY OR CREMATORY

Missouri Crematory

23d. LOCATION (City, town, or county)

St. Louis Mo.

24. FUNERAL DIRECTOR
ADDRESS
Parker-Aldrich Webster Groves

25. DATE RECD. BY LOCAL REG.

NOV 30 1963

26. REGISTRAR'S SIGNATURE

E. A. Smith, M.D.

USE BLACK INK
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

104-0-000

1001

312

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by no embalming, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

104-0-000

104-0-000